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Bib Data Sheet

CONFIRMATION NO. 1540

<b>SERIAL NUMBER</b> 09/061,318	<b>FILING DATE</b> 04/16/1998 <b>RULE</b>	<b>CLASS</b> 134	<b>GROUP ART UNIT</b> 1746	<b>ATTORNEY DOCKET NO.</b> 244/277
<b>APPLICANTS</b> ERIC J. BERGMAN, KALISPELL, MT; MIGNON P. HESS, KALISPELL, MT;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/853,649 05/09/1997 PAT 6,240,933  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/08/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MT	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 78 <b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> LYON & LYON LLP 633 W FIFTH ST., SUITE 4700 LOS ANGELES ,CA 900712066				
<b>TITLE</b> APPARATUS AND METHOD FOR DELIVERING A TREATMENT LIQUID AND OZONE TO TREAT THE SURFACE OF A WORKPIECE				
<b>FILING FEE RECEIVED</b> 2694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/061,318	04/16/98	134	1743	244/277

APPLICANT

ERIC J. BERGMAN, KALISPELL, MT; MIGNON P. HESS, KALISPELL, MT.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
**VERIFIED**

*[Signature]*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
**VERIFIED**

*[Signature]*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
**VERIFIED**

*[Signature]*

FOREIGN FILING LICENSE GRANTED 05/08/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MT	SHEETS DRAWING 6	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u><i>[Signature]</i></u> Examiner's Initials _____ Initials _____					

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TITLE	APPARATUS AND METHOD FOR DELIVERING A TREATMENT LIQUID AND OZONE TO TREAT THE SURFACE OF A WORKPIECE
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FILING FEE RECEIVED  \$2,394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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